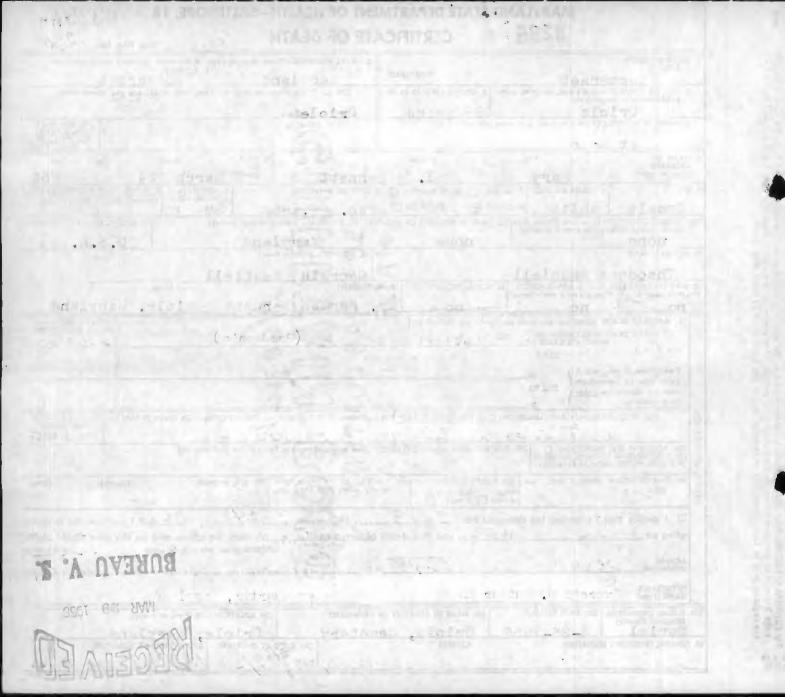
VS A15 (4) 15M 9/55

		328	6	CERT	IFIC	ATE OF DEA	TH		Reg. Dis	st. No.	260
o. COUNT		erset		MAI	RYLAND	2. USUAL RESIDENCE p. STATE Maryl		b. COUNTY		ce befare	
		outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b			orate limits, write R			st town)
X	Ori	_		88 vear	S	Oriolen	A			X	
	ITUTION	Home	give street			d. STREET ADDRES					IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pr		Marv	rsf	Midd I.	_	lost Bennett	4. DATE OF DEATE	March	th 24	Day	Year 19 56
S. SEX		6. COLOR OR RACE	7. MARR	HED NEVER MAR		B. DATE OF BIRTH		9. AGE (In years	IF UNDER		UNDER 24 HRS.
fema	la	white	WIDOWI	DIVOR	ED 🗍	Feb. 22.I	868	last birthdoy) 88 yrs.	Months	Days 1	lours Min.
Do. USUAL O	CCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (S	the State of the S		12. CIT	IZEN OF	WHAT COUNTRY
	ne	ng life, even if retired	9	none		Man	vland		1	U.S.	Δ .
3. FATHER'S I				none		14. MOTHER'S MAIDE	-			0 6 0 6	AL 9
1											
		e Dashie				Georgia	Dashi				
(Yes, no, or unline		IN U. S. ARMED FOR		SOCIAL SECURITY N	iQ. 17. I	NFORMANT		Add	ress		
no		no		no	Mr	. Herman	Bennet	t Orio	le, l	Mary	land
18. CAUS	E OF DEAT	TH [Enter only one co	ouse per li	far (o), (b), and (4	:).]					INTERV	AL BETWEEN
	ise to im), slating t use last.	he under-	5)			J.C. B.S.					
CATI	6	Exteris		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	Ces e	SE CONDITION GIV	/EN IN PART		WAS AUTOPSY PERFORMED? TES NO 2
	RIBUTING	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury	in Part I ar Pa	art II of item 18.)			
20c. TIME Hou	OF INJURY r a. p., p. m.	Month, Day, Ye	While	NJURY OCCURRED Nat while of work	20e. PL fo	ACE OF INJURY (Home, ctary, street, office bldg.,	form, 20f. (Ci	ly or lown)	(0	County)	(State)
21. I ce	-5	at I attended the	deceas	/	13	19.56, to	3-29				the decease
ACTUAL SIGNATU	51	renett (1 Z. tm	Sutte	ar deam	occurred at 1		om the causes of Street, city or town.		ne date	DATE SIGN
PHYSICIA NAME (T)	N'S E	verett C.	Sutte	r M		Dames	Quarter	Maryla	ad		
	(Specify)	3-26-T		Oriole		R CREMATORY		ATION (City, town,	or county)	nd .	(State)
23. FUNERAL I	DIRECTOR'S	SIGNATURE	or E	Bingers	as		SEC'D BY REGIS		STRAK'S SIC		m.D.
						1	/ /		//		1 9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

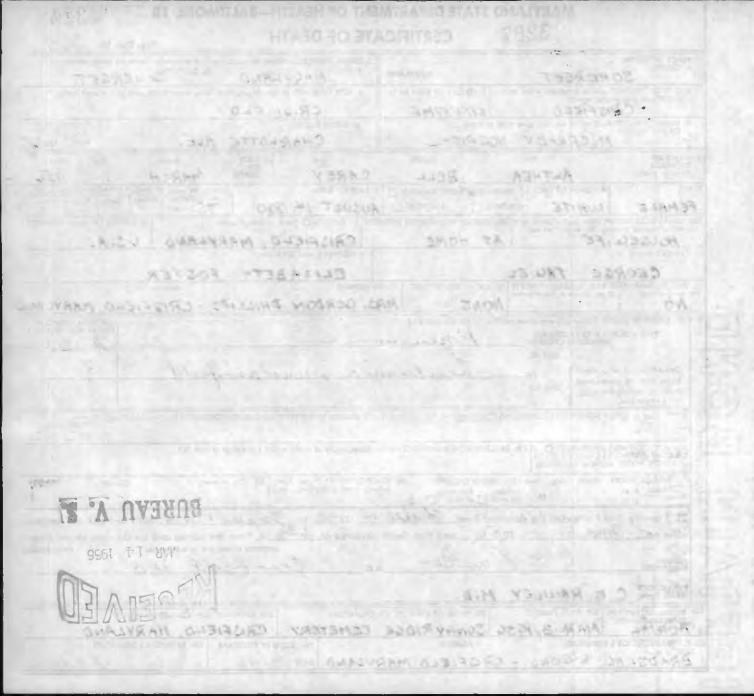


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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
3287	CERTIFICATE	OF	DEATH	D

()3	2	5	8

	Reg. Disi. IV	10. 6-4
1. PLACE OF DEATH o. COUNTY SOME RSET MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE HARVLAND b. COUNTY SOMERS	fore admission)
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITT OR IOWN (If outside corporate limits, write RURAL and give r	searest town)
X CRISFIELD LIFETIME	CRISFIELD	34
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
MECREADY HOSPITAL	CHARLOTTE AVE.	YES NO D
3. NAME OF BECASED (Type or print) ALTHEA BELL	CAREY DEATH MARCH	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE)	AR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED	AUGUST 14, 1880 To yrs. Months Days	s Hours Min,
19a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)		OF WHAT COUNTRY
HOUSEWIFE AT HOME	CRISFIELD, MARYLAND U.S.	A .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
CEORGE TAWES	ELIZABETH FOSTER	
(Yes, no. or unknown) { (If yes, give war or dates of service)	17. INFORMANT Address	
NO NONE	MRS. GORDON PHILLIPS - CRISFIELD	MARYLAN
18. CAUSE OF DEATH [Enter only one couse per line lar (a), (b), and (c).]	in the second se	NTERVAL BETWEEN NSET AND DEATH
PART I. DEATH WAS CAUSED BY MELLY		7 . Pas
2044 DUE TO		
Conditions, if any, which) to Leufos	mia, unclassifield	2
gave rise to immediate	1	*
cause (a), stating the <u>under-</u> lying cause last. (c)		
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
5		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of item 18.)	
	E. PLACE OF INJURY (Home, form, 20f. (City or town) [Count	y) (Stote)
Hour e. gr. While Not while p. m. 19 of work at work	factory, street, office bldg., etc.)	
21. I certify that I attended the deceased fram.	14 24, 1956, ta Inaxes 1, 1956, that I last	
1	1-2()	
dive an in that de	eath accurred atA_M, from the causes and on the d	
SIGNATURE (9) Rawley	ADDRESS (Street, city or town, state) M.D. Crufuld M.D.	DATE SIGNE
PHYSICIAN'S C. G. RAWLEY, M.D.		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY Z2d. LOCATION (City, lawn, or county)	(State)
BURIAL MAR. 3, 1956 SUNNYRIDG	E CEMETERY CRISTIELD, MARYLA	NA
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNAT	
ARADSHALL & SONS - CRISTIEIN M		0



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8. Give P

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n pencil in Item 18 alang with farm f burial-transit perr

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cute the certificate, writing the farwarded to the Chief Medical PuneRAL DIRECTOR: Page 3

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BUREAU V. S.

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MORNBOLLAINE

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) LOMERSET c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY MARION. MOL ONSEL AND DEATH

1956, that I lost saw the deceased and that death accurred at 6202M, from the causes and on the date stated above.

5-70NZ RISFIELD DATE 15

03260

e. IS RESIDENCE

INTERVAL BETWEEN

PERFORMED? YES 🔲

(Stote)

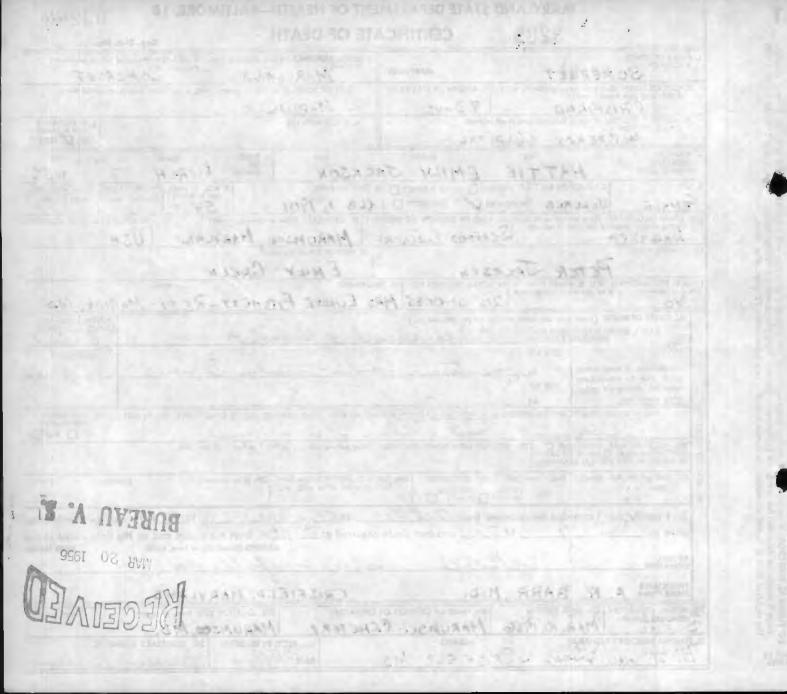
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(State)

Day

ON A FARM? YES NO T

Year

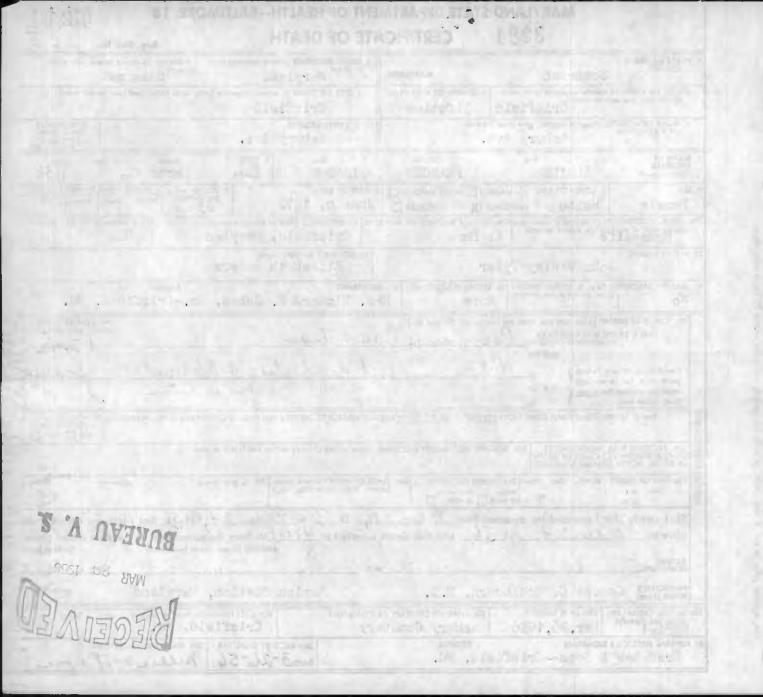


may be retained by the haspital of TO FUNERAL DIRECTOR: After this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3284

CERTIFICATE OF DEATH

								Keg. Dist, I	10.
1. PLACE OF DEATH 0. COUNTY	Somerset		MARYLAND		Maryla		lived. If institution b. COUNTY	on: Residence b	refore admission)
	If outside corporate limi	h, write c.	LENGTH OF STAY IN 16	c. CITY O	R TOWN (IF	outside corpor	ate limits, write R	URAL ond give	nearest fown)
39 RURAL and give n	Crisf	ield	lifetime		Crisfi	eld		39	•
d. NAME OF HOSPIT OR INSTITUTION	(If not in hospital, g	y Ave.	ress)		Asbury	Ave.		1	. IS RESIDENCE ON A FARM?
(30)									YES NO
3. NAME OF DECEASED (Type or print)	ALWILDA	il .	FRANCES	LAWS	ON	4. DATE OF DEATH	Mar	ch 24,	19 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED	B. DATE OF BIT			9. AGE (In years lost birthday) 83 yrs.	Months Doy	YS Hours Min.
10a. USUAL OCCUPATIO during most of wor HOUSEWI	ON (Give kind of work of king life, even if retired	one 10b. KIN	D OF BUSINESS OR IND		PLACE (Stole			12. CITIZEN USA	OF WHAT COUNT
13. FATHER'S NAME	John Wesley	Tyler			izabet		rs		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give wor or dates of the			INFORMANT Mrs. Ric	hard F	. Jone	s, SrC		d, Md.
Conditions, if a gave rise to i couse (a), staling lying couse last.	mmediate the under-	Lh	rouse d	nt he	phrit	ny t	-Chron	<u></u>	years
PART II. OTI	HEK SIGNIFICANT CON	DILIONS CON	TRIBUTING TO DEATH BL	JI NOI RELATED	TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(0	PERFORMED?
DR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCUR	RED. (Enter nature	of injury in I	Port I or Port	II of item 1B.)		/ - /
20c. TIME OF INJUR Hour a. ji. p. m.	Y Manth, Day, Yea	20d. INJUI While at work	Not while	PLACE OF INJURY factory, street, off	/ (Home, form lice bldg., etc	20f. (City	ar town)	(Coun	(Stole
alive on 9	eorge 6	6000	from MAN, b Tond that dead	M.D. MQ	rion	ADDRESS (SH	the causes of reet, city or town,	and on the state)	t saw the deceasedate stated about pate sign
NAME (Type)	eorge C. Co				Marlon		on, Mary		
Burial (Specify)	Mar. 26,19		Asbury Cemer				field, M		(Stote)
23. FUNERAL DIRECTOR Bradshaw	& SonsCr	isfiel	ADDRESS d, Md.		24g. REC'DATE 3	D BY REGISTI		STRAR'S SIGNA	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3291

CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY SUMERSET	STATE MARYLAND COUNTROLLING
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest Jown)
	OR and cive pagest town ANNE 7LONTH	TOWNPRINCESS AT NE
	HOSPITAL OR	STREET (If rurel give location)
	INSTITUTION OR STREET ADDRESS	ADDRESS
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dev) (Yeer)
	DECEMBED AT VICE	
	1 71	
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	
	FEMALE NEGRO (Specify) SINGLE 722/5	5 yrs. Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even If OR INDUSTRY	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	making all	maryland
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE A.PALINER	NINNTE NITE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
, .	(Yes, no, or unk.) (If Yes, give wer or detes of service)	STANKE IN THE STANKE AND
	18, MEDICAL CER	TIFICATION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	MANEDIATE CAUSE (A)	rel money Delungate, 3 day
	ANTECEDENT CAUSE(S) DUE TO Y	1).
	DISEASES OR CONDITIONS, IF ANY, (B)	J Odin
	STATING UNDERLYING CAUSE LAST, DUE TO	
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1
	TO THE DEATH BUT NOT RELATED TO THE	as earn al relocation of the las
	D SEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION /	20. AUTO-SY?
3		YES NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (FEITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	PIE, HOW DID INJURY OCCUR?
	M. While Not while et work et work	
	22. I hereby certify that attended the deceased from	19 5, 10.3. 26, 19 5, that I last saw the deceased
1		7.20.M, from the causes and on the date stated above.
TOW .	SIGNATURE A	ADDRESS (Street, city, town, state) PATE SIGNED
	Me APMILE M.D.	former anne Med. 3/26/17
eri e-i	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR THE	EREMATORY LOCATION (City, fown, or county) (Stete)
A15C 1-55	FL ST J 3/27/56 ME CARMAL	PRINCESS ANNE MD
Vs/	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE 3/27/56 K. H. Johnson M. D.	William A James Manier and
	The state of the s	A CALL TO THE PARTY OF THE PART



MARYLAND STATE DEPARTMENT OF HEALTH

3292

2411 N. Charles Street, Baltimore

0.500	CERTIFICAT	TE OF DEAT	CH R	eg. Dist. No.	260
1. PLACE OF DEATH Somerse		2. USI AL RESIDENCE STATE 711 24 4	land	COUNTY	omerset
OR give negest town) TOWN CITY (If outside corporate limits, write RUI OR TOWN TOWN	(in this place)	OR TOWN Prin	//-	URAL and give	nearest town)
HÖSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS /2 /	Washi	2	treet
3. NAME OF DECEASED (First) (Type or Print) Sereh	liza beth	Pinkett	of DEATH MO	(Month)	(Day) 2 (Year) 18 - 195
Female 6. COLOR OR RACE	WIDOWED, AND D. (Specify)	Sept. 7, 1876	70	day II under I Months	year If under 24 hrs Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working his weal! retired)	INDUSTRY AT home	Galena; Kent		1d. 12.	CITIZEN OF WHAT
Robert David Po	eaker	Alice	N NAME 7		
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Year-no, or unknown) (If yes, give war or dates service)	29? 16. SOCIAL SECURITY No.	Rykie Pink	ADDRESS ZZ / 1/	3. t	n. it.
	18. MEDICAL CE	ERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY		2			INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	Chronic 5		47 .		H miths
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause	Hypostati	c Progra	مارده		10 days
stating the underlying cause last (c)	V /				(
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing des	ath.				
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
					Yes No 🗆
SUICIDE OF INJ	ACE (Home, farm, factory, street, office bldg., etc.) URY	1		(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?		
22. I hereby certify that I attended the	ne deceased from Dec 10	1955, to March	18, 1955, ti	hat I last sa	w the deceased
alive on March 17, 1956, a SIGNATURI &	nd that death occurred at 4. (Degree or title)	ADDRESS from the	e causes and on	the date sta	ted above.
Clark 4.10	Mukoman	1 mu au	me pork	200	179.00
zs. Burial, (Specify) N DATE THERE	-56 Westing	CRY OR-COMMATORY	Princess		md.
DATE REC'D BY LOCAL RUCISTEAR'S	SIGNATURE M. 4.	24 FUNERAL DIRECT	PR OMAS	Accom	ADDRESS - Q

VS. A15



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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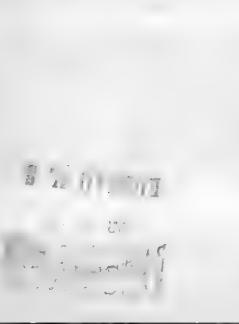
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3285

CERTIFICATE OF DEATH

032665 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	A STATE NE.	NCE (Where deceasery Land		ion: Residence to Somerse		sion)
b. CITY OR TOWN	(If outside corporate limits, write nearest town Crisfield	c. LENGTH OF STAY IN 15		WN (If outside corp	porate limits, write f	RURAL ond give	nearest tow	n)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give street E. Main St	address)	d. STREET AD	Main St.	, Ext.	- /		SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	ARLIE	GRAHAM	STERLING	, SR. 4. DATE	March		Day	19 56
s. sex Male	White WIDOW	RIFD NEVER MARRIED	8. DATE OF BIRTH August 2	0, 1879	9. AGE (In years lost birthday)	Manths Do		Min,
10o. USUAL OCCUPAT during most of we Owner	ION (Give kind of work done 10b arking life, even if retired)	KIND OF BUSINESS OR IND afood Packer	USTRY 11. BIRTHPLAC	ield, Mar	country) yland	12 CITIZET USA		COUNTRY
13. FATHER'S NAME	Andrew Grover	Sterling	14. MOTHER'S A Virgi	nia Jones				
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dotes of service)		Stanley C.	Sterling	-Crisfiel		land	
	g the under-	bromie my	of has	st- 4.	rephit	ii -	about	Vfa +5 apr
IL CATE	THER SIGNIFICANT CONDITIONS					VEN IN PART 1(c	PERFO	AUTOPSY DRMED?
G (IF EITHER, NOTIF	Y MEDICAL EXAMINER	CRIBE HOW INJURY OCCUR						
20c. TIME OF INJU Hour a. p.	While		PLACE OF INJURY (He factory, street, affice b	ome, form, 20f. (Ci oldg., etc.)	ty or town)	(Coun	nly}	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	George C. Coulbo	ourn, M. D.	Ma.r	ADDRESS (Im the causes of Street, city or town,	and on the stote) And	date stat	ed above. ATE SIGNED
23. FUNERAL DIRECTO	141 6275 1770	Sunnyridge ADDRESS d, Md.	2	40, REC'D BY REGIS	STRAR 245. REGI	STRAR'S SIGNA	TURE	yne



HOSPITAL

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VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3295 CERTIFICATE OF DEATH

- J.C.	33				Reg. Dist. No	- GVJ
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAI	2. USUAL R	esidence (Where deced	sed lived. If instituti b. COUNTY		
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest fown) Crisfie		1b c. CITY C	R TOWN (If outside cor	porote limits, write R	URAL and give ne	arest town)
d. NAME OF HOSPITAL (If not in hospital, give	y Hospital		an St.		1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MILDRED	HORSEY WI	LKENS	Losi 4. DATE OF DEAT	мог н Маус ћ	1th Do	Yeor 1956
17	MARRIED NEVER MARRIED	Manah	13, 1891	9. AGE (in years lost birthdoy) yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) Registered Nurse	Hospital		sfield, Man		USA	F WHAT COUNTRY
13. FATHER'S NAME Alonzo R	. Horsey	14. MOTHE	r's maiden name Addie Nelso	n		
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes. no. or unknown) No Iff yes, give wer or dofes of serving the serving of t	L Ann	17. INFORMANT Mrs. Ruth	AnklamMa	in StC		Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (o), stoting the under: lying cause last. PART II. OTHER SIGNIFICANT CONDIT	Pulmonary Vulmonar Viabelia Hons contributing to death	Ma Terrio	telerolis TO THE TERMINAL DISE	LAS SUMMER CONDITION GIVE	cline	4-5 alay. 19 WAS AUTOPSY PERFORMED?
	b. DESCRIBE HOW INJURY OCCU	URRED. (Enter natur	of Injury in Port I or P	ort II of item 18.j		YES NO
20c. TIME OF INJURY Month, Day, Year Hour a. gr. p. m. 19	20d. INJURY OCCURRED 20d. While Not while at work ot work	e. PLACE OF INJUR foctory, street, of	Y (Home, farm, 20f. (C fice bldg., etc.)	ity or town)	(County)	(Slote)
21. I certify that I attended the dalive on March 24. ACTUAL SIGNATURE CRAFTSICIAN'S C. G. Rawley,	1256, and that de	M.D.	ot 6 M, from ADDRESS Crisfield,	om the couses of Street, city or town, Lief of Maryland	and an the da state)	te stated abave.
220. Burial, Cremation, 226. Date Thereof Burial Mar. 27, 195	6 Crisfield		Cris	ation (City, town, of ield, Md	le	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Cri	sfield, Md.		240. REC'D BY REGI	STRAR 246. REGIS	chara S.	Cedonal

